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Collaboration to Improve Care of Oncology Patient

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Background

It was identified that there were opportunities to enhance the care of the inpatient oncology patient when they are not on the Medical and Oncology Unit. Upon completing leadership rounding, patients identified that they did not receive consistent oncology specific interventions when they were transferred to a higher level of care.

Evidence

Evidence shows there are many benefits to an Oncology Certified Nurse (OCN) being involved in the care of oncology patients:

- Oncology patients feel confident about the care they receive and report higher satisfaction.
- OCNs are better able to recognize problems and implement interventions, specifically with pain and nausea.
- A higher quality of cancer care is delivered.

Evidence suggests that bringing different team members together for collaboration will allow the patient to receive the best care possible.

Team Members

Kara Panek, BSN, RN, OCN
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Libby Wenderski, BSN, RN, PCCN
Carla Olson, BSN, RN, CMSRN, RN-BC

Tactics

Collaboration to improve the care of the oncology patient was a key project within the Hospital Medicine Strategic Plan that included several tactics.

Add oncology education as appropriate to any Hospital Medicine Section education, orientation and conference.

- Formal education by Oncology Unit Educator on "Care of the Oncology Patient" was added to Progressive Care Unit (PCU) Training.
- Formal education on the Plurex drain was added to the Quarterly Day of Learning for nurses 4-6 months after hire.
- 2018 Cancer Conference will focus on Hematological Malignancies.

Increase hand-off communication for patients who transfer off the Oncology Unit to ensure same interventions/education continue; consider additional resources on other units.

- Oncology Unit Clinical Nurses are encouraged to use "Patient Progression of Care" within Handoff report in Epic, specifically focusing on patients actively receiving cancer treatment.
- Oncology Unit Clinical Nurses place pink stickers on Saline Bottles and send them with patient when transferring to higher level of care. This serves as a reminder for the patient and clinical nurses on other units to continue the proper oral care protocol.
- Many oncology references were added to PCU page on CentraNet.

Explore opportunities within Hospital Medicine Section for additional collaboration.

- Oncology Core Charge completes weekly and PRN visits to oncology patients in the Medical Progressive Unit (MPCU) addressing oncology specific education and unique care needs. Oncology Core Charge collaborates with MPCU Charge Nurse and Clinical Nurse to educate and implement appropriate interventions.
- Taskforce is reorganizing the Patient Education section on CentraNet. This will make it easier for all Clinical Nurses to access oncology specific patient education sheets.
- At Bed Huddle with other charge nurses and State of the Unit with Oncologist, Oncology Charge Nurses review oncology patients on other adult acute care units. This allows the Oncology Charge Nurse to anticipate and prepare for upcoming needs.

Enhance policies related to the oncology patient as needed.

- "Febrile Neutropenia" policy was retitled to "Neutropenic Precautions Inpatient" and content was edited based on feedback from oncology and non-oncology Clinical Nurses to make the policy easier to locate and understand.

Feedback/Benefits

- Patient and family have verbally expressed greater comfort in transferring to MPCU knowing that the Core Charge Nurse will be reviewing oncology specific needs on a weekly/PRN basis.
- MPCU Charge Nurses and Clinical nurses have expressed appreciation for the additional support provided through the weekly visits/PRN visits.
- New PCU Nurses rated the "Care of the Oncology Patient" presentation with high scores. Comments included, "feeling better equipped to care for oncology patients in the PCU setting."

Specific Interventions Completed during Oncology Core Charge Rounds in MPCU:

Implemented pretreatment for oral chemotherapy to reduce nausea, addressed psychosocial needs of young adult with dependent children, educated patient/staff on proper oral cares, reviewed blood counts related to oncology treatment, implemented appropriate precautions, supported patients after learning they were at end of life, and more.

References

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